

Tobacco use is considered to be one of the chief preventable causes of deaths in the world. Most people begin using tobacco before the age of 18(2,3). Recent trends indicate that the smoking prevalence rate among adolescents is rising; and age of initiation is becoming younger. If these patterns continue, tobacco use will result in the deaths of 250 million children and young people alive today, many of them in developing countries (4). Therefore, adolescents and school-aged children should be a primary focus for intervention strategies. Carefully designed surveys should provide a clear picture of the risk factor for behaviors of young and school-aged children, which then can be used to set up more effective and comprehensive tobacco, control policies.

Tobacco Use in the Philippines

The latest surveys (5) in the Philippines indicate that one of every three adult Filipinos currently smoke, 33% of country's adult population. Another 13% count themselves as ex-smokers. Of the 74 million Filipinos in 1999, therefore, as much as 34 million have been directly exposed to risks for cancer and other diseases related to tobacco-use. While little less than half of all Filipino adults actually use tobacco, however, their smoking directly affects at least 60% of all households in the Philippines. Only four out of ten Philippine households are smoke-free. With an average of 5.1 members per household, there would be approximately 35 million passive smokers in the country (6).

Tobacco use in Filipino youth is alarming. About 30% of adolescents in the urban areas smoke, and of these, more than 70% started smoking between the ages 13-15 (7). On a national level, the study says that, as much as 40% of boys and 19% of girls aged 10-14 are already daily smokers. The age 15-19, 38% of both male and female Filipinos are already considered regular smokers.

The WHO expects their numbers to continue to climb. Tobacco companies are aggressively marketing cigarettes to their children-to the extent of giving them sample packs for free- hoping to make them addicted to nicotine and thus ensure a continuing market for tobacco.

BACKGROUND OF THE GLOBAL YOUTH TOBACCO SURVEY

UNF Project

The Tobacco Free Initiative (TFI) /WHO was awarded by the United Nations Foundation for International Partnerships (UNFIP) as a tobacco prevention grant

^bWhite Paper on Tobacco, Senate Committee on Health & Demography, Philippines, 1999

to initiate a joint project with UNICEF titled “Building alliances and taking action create a generation of tobacco free children and youth”. The aim of the project is to pull together the evidence, technical support, and strategic alliances necessary to positively address the negative impact of tobacco and to encourage and support children and adolescents in leading healthy and active lives free of tobacco. The project was initially focused in a small group of developing countries, one per WHO Region, and drew upon the combined technical expertise and operational resources of a number of UN agencies—in particular, WHO, UNICEF, and the World Bank. The agencies will work together with the global scientific community, government and non-government agencies, institutions and systems within countries, the media, and with young people and to show that together they can make a difference in this important public health issue.

The project was conceived as a dynamic and interactive process, whereby the activities and products of each phase have been used to inform and guide subsequent activities. The project consists of three distinct, but overlapping phases. The *first phase* focused on harnessing the evidence for action: synthesizing the existing evidence from countries, some of which may participate in subsequent phases; undertaking new areas of research to support actions; and establishing the research-based evidence for developing future actions.

The *second phase* was the activating phase. *Country Activating Groups (CAGs)*, with broad membership, were formed in each of the participating countries as the coordinating and implementing mechanism at the country level to select and develop the components of a comprehensive country-based approach to addressing tobacco use among children and young people. Opportunities to promote the exchange of experiences and issues between countries and global activities have been developed and strengthened.

WHO and UNICEF technical staff from country offices, headquarters and regional offices, and other technical partners (e.g., the World Bank and the Center for Disease Control and Prevention, USA) have played a key role in supporting the country-level work, in particular: through assistance with the identification, development and dissemination of programme support tools and resources; with guidance of specific tobacco control strategies; and with suggestions and strategies for involving young people in the project activities. In addition, WHO and UNICEF will ensure that tobacco is included as a component of existing programmes they operate within the country and any plans for agreements they develop with relevant governments.

The third phase has involved taking the project to scale: producing and dissemination resources; strengthening regional capacity to sustain activities; integrating the products and results of the project into ongoing tobacco control work at the national, regional and global levels; transferring technology and

experience between countries and regions; and strengthening cooperation and collaboration at all levels.

The overall coordination of this project has been through TFI/WHO. WHO will coordinate the harnessing the evidence for action phase of the project, in collaboration with identified research experts from a range of developing countries. UNICEF Country offices, with technical support and assistance from WHO, will coordinate the activating phase.

Seven countries were selected to participate in the activating phase (Phase 2) of this project: China, Jordan, Sri Lanka, Fiji, Venezuela, Zimbabwe, and Ukraine. UNICEF and WHO will also be supporting a group of countries in the Caribbean and Pacific regions to participate in the technical elements of the project, using their existing resources. As a first step in this phase, WHO and CDC organized a small technical meeting in Geneva on 7-9 December, 1998 to plan for the development and implementation of an initial baseline assessment of youth tobacco use in each country using a school survey instrument—the Global Youth Tobacco Survey (GYTS). The purpose of the meeting was to work with a key tobacco control expert from each country to develop a suitable instrument used for the survey. The survey questionnaire was designed to have a “core” set of questions to be used by all countries; but also to be flexible to include specific issues and individual needs of each capacity of the participating countries (i.e., optional questions). The survey is intended to enhance the capacity of countries to design, implement, and evaluate the tobacco control and prevention programmes for young people, which will be initiated at the country level. The GYTS core includes questions on: *tobacco use, knowledge and attitudes, access to tobacco products, media and advertising exposure, school curriculum, cessation and ETS*. The Philippine GYTS Questionnaire is in Appendix D.

The meeting also spent time brainstorming other settings, key players, and methods of data collection, which could be used to gather information to supplement the school, survey, for advocacy and programming purposes in Phase 2.

A training meeting for the Research Coordinators was held 7-13 March 1999 to prepare these people to undertake the fieldwork and to plan for the training of country based Survey Administrators.

Research Coordinators were brought together for additional technical training in techniques for data analysis and report writing when the data from the fieldwork became available during 1999. This meeting was held in Singapore immediately prior to the International Consultation on Tobacco and Youth in September 1999. A second analysis workshop was held in San Francisco in December 2000, involving representatives from all countries that have completed the GYTS.

UNICEF and WHO hosted a phase 2 Planning Meeting to bring together UNICEF staff, along with key tobacco control experts from each of the participating countries, and key partners from 23-29 February, 1999. Unicef handled the logistical arrangements for the meeting, which was held in New York, and WHO (Child and Adolescent Health and TFI) developed the technical programme.

The Global Youth Tobacco Survey (GYTS)

The GYTS is a school –based tobacco specific survey which focuses on adolescents age 13-15. It assesses students' attitudes, knowledge and behaviors related to tobacco use and ETS exposure, as well as youth exposure to prevention curriculum in school, community programs, and media messages aimed at preventing and reducing youth tobacco use. The GYTS provides information on where tobacco products are obtained and used, and information related to the effectiveness of enforcement measures. School surveys are useful tools in gathering data as they are relatively inexpensive and easy to administer, tend to report reliable results, and refusals are significantly lower than in household surveys. The most common research approach for this specific population has been the self-administered questionnaire. Therefore, all the above, reasonably justifies why a school-based survey has proved to be most appropriate, hence selected for the UN Project on Youth and Tobacco.

Objectives of the GYTS

The GYTS is a school-based tobacco specific survey that focuses on students' age 13-15 years. The objective of this survey is two-fold:

- 1) To document and monitor prevalence of tobacco use including: cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- 2) To better understand and assess students' attitudes, knowledge and behaviors related to tobacco use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, minors' access, and school curriculum.

The GYTS will attempt to address the following issues: determine the level of tobacco use, estimate age of initiation of cigarette use, estimate levels of susceptibility to become cigarette smokers, exposure to tobacco advertising, identify key intervening variables, such as attitudes and beliefs on behavioral norms with regard to tobacco use among young people which can be used in prevention programmes, assess the extent to which major prevention programmes are reaching school-based populations and establish the subjective opinions of those populations regarding such interventions.